

Agency Information

AGENCY : HSCA
RECORD NUMBER : 180-10101-10053
RECORD SERIES : NUMBERED FILES
AGENCY FILE NUMBER : 002276

Released under the John
F. Kennedy
Assassination Records
Collection Act of 1992
(44 USC 2107 Note).
Case#:NW 54756 Date:
10-31-2017

Document Information

ORIGINATOR : DOD, ARMY
FROM : MERRILL, WILLIAM K.
TO : NIELSON, D.E.

TITLE :

DATE : 09/12/1977
PAGES : 9

SUBJECTS :

USA, FILES
HALL, LORAN E.

DOCUMENT TYPE : MEMORANDUM
CLASSIFICATION : Unclassified
RESTRICTIONS : 3
CURRENT STATUS : Redact
DATE OF LAST REVIEW : 01/31/1996

OPENING CRITERIA :

COMMENTS : GSA verification and military records attached. Box 54.



DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
WASHINGTON, D.C. 20310

03273

12 SEP 1977

MEMORANDUM FOR CAPTAIN D. E. NIELSON, USN
OSD/SPECIAL COORDINATION STAFF

SUBJECT: Request for Information

In response to your memorandum of 31 August 1977, subject as above, inclosed are authenticated copies, provided by the General Services Administration, of the only documents available in that agency pertaining to Loran E. Hall (Tab A).

Apparently the Official Military Personnel Records of Mr. Hall were destroyed in a fire at the National Personnel Records Center in 1973. That Center has requested from the Veterans Administration Regional Office in Los Angeles, all available records pertaining to him that may be on file there.

It is anticipated any information available in that office will be received in the next few days. Upon receipt it will be hand carried to your office.

1 Incl
as

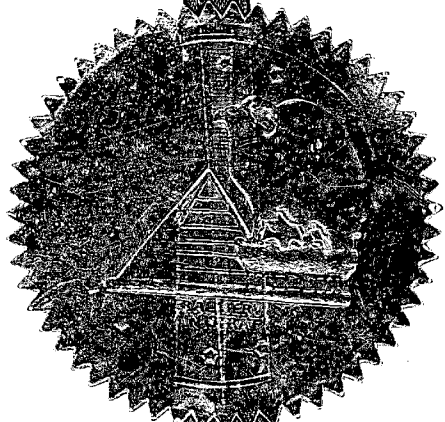
WILLIAM K. HEFNER
Colonel, GS
Chf. Mil Pers Rot Bdy



**GENERAL SERVICES ADMINISTRATION
National Archives and Records Service**

To all whom these presents shall come, Greeting:

By the authority vested in me by the Administrator of General Services, I certify on his behalf, under the seal of the United States General Services Administration that the attached reproduction(s) is a true and correct copy of documents in his custody.



SIGNATURE <i>P. Chrtsman</i>	
NAME P. CHRISMAN	DATE Sept 7, 1977
TITLE Chief, Records Reconstruction Branch	
NAME AND ADDRESS OF DEPOSITORY National Personnel Records Center (Military Personnel Records) 9700 Page Boulevard St. Louis, MO 63132	

GSA FORM 6791C (REV. 3/77)

30. MILITARY SPECIALTY AND NO. NO MI		OCCUPATION		31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) NONE	
32. BATTLES		NONE			
33. DECORATIONS		VICTORIAL			
34. WOUNDS		NONE			
35. LATEST IMMUNIZATION DATES		36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN			
SMALL	TY	TETANUS	OTHER (specify)	DATE OF DEPARTURE	DESTINATION
47	07	MAR 47	NONE	NONE	
37. TOTAL LENGTH OF SERVICE			38. HIGHEST GRADE HELD		
CONTINENTAL SERVICE		FOREIGN SERVICE			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS
0	3	9	0	0	0
			PVT		
39. PRIOR SERVICE NONE					
40. REASON AND AUTHORITY FOR SEPARATION 615-365 CONV OF GOV SEC 1 PAR 2 C 2 CIR 391					
41. SERVICE SCHOOLS ATTENDED NONE				42. EDUCATION (Years) Grammar High School College	
PAY DATA					
43. LONGEVITY FOR PAY PURPOSES		44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT	
0			\$ 200	\$ 100	
				46. TRAVEL PAY	
				\$	
47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER					
INSURANCE NOTICE					
IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.					
48. KIND OF INSURANCE		49. HOW PAID		50. Effective Date of Allotment Discontinuance	
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.	
			<input checked="" type="checkbox"/>		
				51. Date of Next Premium Due (One month after 50)	
				\$	
				52. PREMIUM DUE EACH MONTH	
				\$	
				53. INTENTION OF VETERAN TO	
				Continue	
				Continue Only	
				Discontinue	
				\$	
				\$	
54. RIGHT THUMB PRINT					
55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) LABEL BUTTON ISSUED XXXXXXXXXXXXXXXXXXXX PHYSICALLY DISQUALIFIED FOR FURTHER SERVICE IN ARMY OF UNITED STATES					
56. SIGNATURE OF PERSON BEING SEPARATED <i>Loran E. Hall</i>				57. PERSONNEL OFFICER (Type name, grade and organization - signature) BLU... CWO USA	

WD AGO FORM 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

7. REEMPLOYMENT COMMITTEEMAN COPY (To: State Director of Selective Service for State shown in Item 12)

**ENLISTED RECORD AND REPORT OF SEPARATION
HONORABLE DISCHARGE**

1. LAST NAME - FIRST NAME - MIDDLE INITIAL HALL LORAN H E		2. ARMY SERIAL NO. 17 224 450	3. GRADE PVT	4. ARM OR SERVICE UNASSIGNED	5. COMPONENT RA 3 MAS
6. ORGANIZATION CO D 130TH TRNG BN RTC		7. DATE OF SEPARATION 17 APR 47	8. PLACE OF SEPARATION SEPARATION POINT FORT LEWIS WN		
9. PERMANENT ADDRESS FOR MAILING PURPOSES 126 1/2 W 6TH NEWTON KANS HARVEY CO		10. DATE OF BIRTH 4 JAN 30	11. PLACE OF BIRTH NEWTON KANS		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT SEE 9		13. COLOR EYES BLUE	14. COLOR HAIR BLACK	15. HEIGHT 5-11	16. WEIGHT 168 LBS.
17. NO. DEPEND.	18. RACE WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify)		19. MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)		20. U.S. CITIZEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. CIVILIAN OCCUPATION AND NO. TRUCK DRIVER HEAVY 7 36 250					

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT 9 JAN 47	24. DATE OF ENTRY INTO ACTIVE SERVICE 9 JAN 47	25. PLACE OF ENTRY INTO SERVICE FT RILEY KANS		
SELECTIVE SERVICE DATA <input checked="" type="checkbox"/>	26. REGISTERED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	27. LOCAL S.S. BOARD NO.	28. COUNTY AND STATE HARVEY KANS		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE SEE 9
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. NO MILITARY OCCUPATION			31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) NONE		

BATTLES AND CAMPAIGNS

NONE

33. DECORATIONS AND CITATIONS

VICTORY MEDAL

34. WOUNDS RECEIVED IN ACTION

NONE

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
SMALLPOX JAN 47	TYPHOID JAN 47	TETANUS MAR 47	OTHER (specify) NONE	DATE OF DEPARTURE NONE	DESTINATION	DATE OF ARRIVAL
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD PVT		
CONTINENTAL SERVICE		FOREIGN SERVICE				
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
0	3	9	0	0	0	

39. PRIOR SERVICE

NONE

40. REASON AND AUTHORITY FOR SEPARATION

615 365 CONV OF GOV SEC 1 PAR 2 C 2 CIR 391

41. SERVICE SCHOOLS ATTENDED

NONE

42. EDUCATION (Years)
Grammar High School College

PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT			
0	3	9	\$ 200	\$ 100			

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE Nat. Serv. <input type="checkbox"/> U.S. Govt. <input type="checkbox"/> None <input checked="" type="checkbox"/>	49. HOW PAID Allotment <input checked="" type="checkbox"/> Direct to V. A. <input type="checkbox"/>	50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH \$ 0.00	53. INTENTION OF VETERAN TO Continue <input type="checkbox"/> Continue Only <input type="checkbox"/> Discontinue <input checked="" type="checkbox"/>	
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54. RIGHT THUMB PRINT	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) LAPEL BUTTON ISSUED XXXXXXXXXXXXXXXXXXXX PHYSICALLY DISQUALIFIED FOR FURTHER SERVICE IN ARMY OF UNITED STATES
-----------------------	--

56. SIGNATURE OF PERSON BEING SEPARATED <i>Loran E. Hall</i>	57. PERSONNEL OFFICER (Type name, grade and organization - signature) EDD M M BERRY CWO USA
---	---

WD AGO FORM 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

7. REEMPLOYMENT COMMITTEEMAN COPY (To: State Director of Selective Service for State shown in Item 12)

REQUEST PERTAINING TO MILITARY RECORDS

Please read instructions on reverse. If more space needed, attach additional sheets.

REQUESTER'S FILE REFERENCE

N.H.

DATE OF REQUEST

3-19-76

PART I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible)

1. NAME USED DURING SERVICE (Last, first, middle) Hall, Loran Eugene	2. SOCIAL SECURITY NO. 515 20 3802	3. DATE OF BIRTH Jan 4, 1930	4. PLACE OF BIRTH Newton, Kansas
--	--	--	--

For an effective records search, it is important that ALL periods of service be shown below.

ACTIVE SERVICE

5. BRANCH OF SERVICE (Show also last organization, if known)	6. DATES OF ACTIVE DUTY		7. (Check One)		8. SERVICE NUMBER DURING THIS PERIOD
	ENTERED ON	RELEASED FROM	OFFICER	ENLISTED	
U. S. Army	1-7-47	4-47		<input checked="" type="checkbox"/>	RA17224450
U. S. Army RESERVE SERVICE	6-48	9-52		<input checked="" type="checkbox"/>	RA17224450

9. BRANCH OF SERVICE	10. DATE MEMBERSHIP		11. (Check One)		12. SERVICE NUMBER DURING THIS PERIOD
	BEGAN	ENDED	OFFICER	ENLISTED	

13. ARMY		14. AIR		17. DATE MEMBERSHIP		18. (Check One)		19. SERVICE NUMBER DURING THIS PERIOD
15. STATE	16. ORGANIZATION	BEGAN	ENDED	OFFICER	ENLISTED			

20. IS SERVICE PERSON DECEASED? NO YES (If "Yes" enter date:) DATE OF DEATH

21. IS (Was) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST? NO YES

PART II - REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED OR CHECK ITEMS 2 OR 3

53-55 sent 6-15-76

2. CHECK THIS BOX IF YOU NEED A STATEMENT OF SERVICE ONLY

3. LOST SEPARATION DOCUMENT REPLACEMENT REQUESTED (Check One) **1952**

REPORT OF SEPARATION (DD Form 214 or equivalent) ISSUED IN **1947** (Yr.) (This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, his surviving next-of-kin, or to his representative with veteran's signed release authorization—item 6.)

DISCHARGE CERTIFICATE ISSUED IN _____ (Yr.) (This shows only date and character of discharge and is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions, or, if deceased, to the surviving spouse.)

3A. HOW WAS SEPARATION DOCUMENT LOST? **In moving**

4. PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED (Explain)

To request Certificate of Eligibility for home loan.

5. REQUESTER IS (Check proper box)

PERSON IDENTIFIED IN PART I

SURVIVING SPOUSE

NEXT OF KIN (Show relationship)

OTHER (Specify) **Mortgagee**

5A. SIGNATURE OF REQUESTER *Nanette Hosner*

6. RELEASE AUTHORIZATION (If required, read instruction No. 3 on reverse)

I hereby authorize release of the requested information/documents to the addressee shown at right.

6A. SIGNATURE OF VETERAN (If signed by other than veteran, complete 6B)

Loran E. Hall

6B. RELATIONSHIP TO VETERAN

Ralph C. Sutro Co.

4900 Wilshire Boulevard

Los Angeles, California 90010

Attn: ~~Nanette Hosner~~ *Mary Tierman*

del 3-21-76

STANDARD FORM 180
OCTOBER 1970 EDITION
GENERAL SERVICES ADMINISTRATION
FPMR 101-11.410-7
180-102

COPY

June 29, 1976

The Honorable Alan Cranston
United States Senator
11000 Wilshire Boulevard
Los Angeles, California

Dear Senator,

As a registered Democrat that has supported you in the past, I find that I must now call on you for help. I am writing to you on behalf of my husband, Loran E. Hall, who has been having difficulty with several Federal governmental agencies.

First, he recently applied for his DD-214, GI Eligibility for a home loan, through a local mortgage company. He was subsequently informed that there had been a fire in the Records Center in St. Louis and that there was no record of his military service. Now what?

Secondly, he sent a request to the FAA Headquarters in Oklahoma City for a duplicate copy of his pilot's license and was told that they can find no record of that. I really find that hard to believe.

If you will have your office contact us, I will be happy to supply you with all the necessary details. Any assistance that you can provide will be sincerely appreciated.

Thanking you in advance for your consideration and prompt attention to this matter.

Very truly yours,

Mrs. Judith E. Hall
131 West 36th Street
Long Beach, Calif. 90807
424-0083

Onokuy Reply

July 16, 1976

REQUEST FOR MILITARY RECORDS/INFORMATION (VA FILES)

DATE 3-31-76
 VARPC
 4300 GOODFELLOW BLVD.
 ST. LOUIS, MO 63166
 INSURANCE OPERATIONS DIV. (291)
 P. O. BOX 8079
 PHILADELPHIA, PA 19101
 VA CENTER
 VAO
LOS ANGELES, CALIF

RECORDS OF THE VETERAN IDENTIFIED BELOW ARE NOT AVAILABLE AT NPRC

LAST NAME, FIRST NAME, MIDDLE INITIAL <u>HALL, LORAN E.</u>	SERVICE NUMBER/SSN <u>17 224450</u>	DATE OF BIRTH
BRANCH OF SERVICE <u>Army</u>	DATES OF SERVICE FROM _____ TO _____	
VA CLAIM NUMBER <u>7394477</u>	OTHER VA IDENTIFICATION (If applicable)	

RECORDS OR DATA CHECKED BELOW ARE REQUIRED TO RESPOND TO AN INQUIRY RECEIVED IN THIS CENTER CONCERNING THE MILITARY SERVICE OF SUBJECT VETERAN

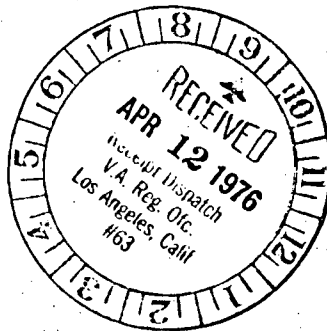
<input checked="" type="checkbox"/> REPORT OF SEPARATION OR STATEMENT OF SERVICE (If neither available send copies of all VA Forms 3101)	REPORT OF INVESTIGATION (Date of injury)
FACTS & CIRCUMSTANCES, OTHER THAN HONORABLE DISCHARGE (Include Court Martial information if applicable)	ALL AVAILABLE MILITARY MEDICAL/DENTAL RECORDS
LINE OF DUTY DETERMINATION REPORT	ADDRESS OF RECORD:
PHYSICAL EVALUATION PROCEEDINGS	OTHER:

REPLY

RECORDS ENCLOSED EXCEPT: _____

CAUTION: FURNISH ONLY DOCUMENTS/INFORMATION RECEIVED FROM RELIABLE SOURCES, SUCH AS A MILITARY DEPARTMENT OR NPRC.

REMARKS:



RECORDS RECONSTRUCTION CASE

Return to: NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records) 9700 Page Boulevard St. Louis, MO 63132 NCPM <u>R-1PB ayt</u>	Furnished by: <u>V. H. Powell</u> Date: <u>4-23-76</u>
--	--

PLEASE RETURN THIS FORM WITH YOUR REPLY

GENERAL SERVICES ADMINISTRATION

GSA FORM 7161 (REV. 12/75)

REQUEST FOR MORE INFORMATION
NATIONAL PERSONNEL RECORDS CENTER, MPR, GSA
9700 Page Boulevard
St. Louis, MO 63132

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION
AUTHORITY FOR COLLECTION OF THE INFORMATION IS 44 U.S.C. 2007 AND 3103, AND E. O. 12958, OF NOVEMBER 22, 1993. DISCLOSURE OF THE INFORMATION IS VOLUNTARY. THE PRINCIPAL PURPOSE OF THE INFORMATION IS TO ASSIST THE NATIONAL PERSONNEL RECORDS CENTER IN LOCATING AND VERIFYING THE CORRECTNESS OF THE INFORMATION PUBLISHED IN ACCORDANCE WITH 5 U.S.C. 552a (e)(1)(4)(D). ROUTINE USES OF THE INFORMATION AS ESTABLISHED AND APPROPRIATE FEDERAL, STATE, LOCAL, OR FOREIGN AGENCIES FOR USE IN CIVIL, CRIMINAL, OR REGULATORY INVESTIGATIONS OR PROSECUTION. IN ADDITION THIS FORM WILL BE FILED WITH THE APPROPRIATE MILITARY OR CIVILIAN RECORDS AND MAY BE TRANSFERRED ALONG WITH THE RECORD TO ANOTHER AGENCY IN ACCORDANCE WITH THE ROUTINE USES ESTABLISHED BY THE AGENCY WHICH MAINTAINS THE RECORD. IF THE REQUESTED INFORMATION IS NOT PROVIDED, IT MAY NOT BE POSSIBLE TO SERVICE YOUR INQUIRY.

BEFORE WE CAN ANSWER YOUR INQUIRY, WE NEED YOUR HELP

FULL NAME WHILE IN SERVICE LORAL EUGENE HALL

SERVICE NUMBER RA 17224450

SOCIAL SECURITY NUMBER 515-20-3802

BRANCH OF SERVICE U.S. ARMY

OTHER _____

DATES OF ACTIVE DUTY:
From 1947 To 1952

DATES OF RESERVE DUTY:
From _____ To _____

RELEASE AUTHORIZATION, IF REQUIRED
(Read instruction at right.)
I hereby authorize release of the requested information/documents to the addressee shown below.

(Signature)

RESTRICTIONS ON RELEASE OF INFORMATION
Information from records of military personnel is released subject to restrictions imposed by the Military Departments consistent with the provisions of the Freedom of Information Act of 1967 (as amended 1974) and the Privacy Act of 1974. A service person has access to any information contained in his own record. The next of kin, if the veteran is deceased, and Federal officers for official purposes, are authorized to receive information from a military service or medical record only as specified in the above cited Acts. Other requesters must have the Release Authorization at left signed by the veteran, or, if deceased, by the next of kin. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the Armed Forces at the time a service person is separated.

REMARKS:

J. E. HALL
131 W. 36th ST.
LONG BEACH, CAL. 90807

NCPM DM By _____
Date _____

NOTE:
BE SURE TO RETURN ALL
THE ATTACHED PAPERS

GENERAL SERVICES ADMINISTRATION

GSA FORM 7133 (REV. 11/75)

REQUEST FOR MILITARY RECORDS/INFORMATION (VA FILES)

DATE 3-31-76

VARPC
4300 GOODFELLOW BLVD.
ST. LOUIS, MO 63166
INSURANCE OPERATIONS DIV. (291)
P. O. BOX 8079
PHILADELPHIA, PA 19101
VA CENTER
VARO
LOS ANGELES, CALIF

RECORDS OF THE VETERAN IDENTIFIED BELOW ARE NOT AVAILABLE AT NPRC

LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, LORAN E.	SERVICE NUMBER/SSN 17 22 4450	DATE OF BIRTH
BRANCH OF SERVICE Army	DATES OF SERVICE FROM TO	
VA CLAIM NUMBER 7394477	OTHER VA IDENTIFICATION (If applicable)	

RECORDS OR DATA CHECKED BELOW ARE REQUIRED TO RESPOND TO AN INQUIRY RECEIVED IN THIS CENTER CONCERNING THE MILITARY SERVICE OF SUBJECT VETERAN

<input checked="" type="checkbox"/> REPORT OF SEPARATION OR STATEMENT OF SERVICE (If neither available send copies of all VA Forms 3101)	REPORT OF INVESTIGATION (Date of injury)
FACTS & CIRCUMSTANCES, OTHER THAN HONORABLE DISCHARGE (Include Court Martial information if applicable)	ALL AVAILABLE MILITARY MEDICAL/DENTAL RECORDS
LINE OF DUTY DETERMINATION REPORT	ADDRESS OF RECORD:
PHYSICAL EVALUATION PROCEEDINGS	OTHER:

REPLY

RECORDS ENCLOSED	EXCEPT:
------------------	---------

CAUTION: FURNISH ONLY DOCUMENTS/INFORMATION RECEIVED FROM RELIABLE SOURCES, SUCH AS A MILITARY DEPARTMENT OR NPRC.

REMARKS:

URGENT-TRACER

We have no response to the original of this request to your office.

Will appreciate your prompt action.

RECORDS RECONSTRUCTION CASE

Return to: NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records) 9700 Page Boulevard St. Louis, MO 63132 NCPM R-1PB a/ft	Furnished by: Date:
--	----------------------------

PLEASE RETURN THIS FORM WITH YOUR REPLY

GENERAL SERVICES ADMINISTRATION

GSA FORM 7161 (REV. 12/75)

FINDING AID REPORT

GENERAL SERVICES ADMINISTRATION PAGE 03808 BATCH 122N PAGE 0025
NATIONAL PERSONNEL RECORDS CENTER (Military Personnel Records)

R6984 (REV 5/74)

ACT. CODE FILE IDENT.	SERVICE IDENTIFICATION NUMBER	NAME	SERVICE CODE	REGISTER NUMBER	SERVICE CODE	REGISTER NUMBER
V	017 22 4450	HALL LORAN E	AR	S 0 016 015		

INDEX 00906735 5919 089 IDXIDX725HALL, LORAN, E/SNI 7224450BRI. RECORD
SHOWS HALL, LORAN, E VETERAN BRANCH UNKNOWN SNI 7224450 SERVICE
DATES ENL 6/48 DIS 8/52 TYPE OF DISCHARGE NOT VERIFIED
C7394477 FOLDER LOCATION LANGELES R0344) INACTIVE C&P ADP
RECORD.

RECORD CHARGED TO:
NPRC ORGANIZATIONS
RDP-1
(CASE ROUTING CODE)
WA

OCCUPANT AGENCIES

- BUMED LN O, 1500C
- BUPERS LN O, 1500C
- CIA, 1500E
- CSC INV, DIV, 1500W
- EEA, 4180
- FBI, 1500W
- MARCOR LN O, 1500C
- NRC, 1500E
- OSI, 1500W
- DIS-NACC (UNIT 3), 4164
- VA LN O, 1500C

OTHER ORGANIZATIONS
OFFICE/SYMBOL

- ARPC, Denver
- BUMED, Wash. D.C.
- BUPERS, Wash. D.C.
- HQ MC, Wash. D.C.
- HQUSCG, Wash. D.C.
- USAFMPC, RAFB
- USARCPAC

DATE 5-7-76
CLERK'S INITIALS mw

VSO Los Angeles
CPR _____
JAG _____

Date called: 9-2-77 Time: 9:10
Person contacted: Mr. HAN
Telephone number: 799-7886 (7887)
Will call back: _____

Information needed: Service Medical

Name: Hall, Leon E. Claim Number: 7394477

Service Number: 17224450

Date of Enlistment/Induction: 6-30-48 Army

Date of Discharge: 6-29-51

Rank at Discharge: Hon^{or} - Cpl

Reason for Discharge: _____

Medical record on file: No Yes Pending Review

Board of Officers Proceedings on file: No Yes Pending Review

Court Martial Orders: Court 1 (Session #) _____ (Stack #)

Other (specify): need all available info
will send by

8:30
9:30
10:30
11:30
6:30
7:30
8:30
9:30